



STATEMENT OF ORGANIZATION
INDEPENDENT AND POLITICAL COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION
ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

1. Committee Identification No. <u>136736-50</u>		2. Type of Filing <input checked="" type="checkbox"/> 2a. Original <input type="checkbox"/> 2b. Amendment to Item(s)# 2c. Date Change(s) Took Place Month _____ Day _____ Year _____	
3. Full Name Of Committee (Must include Sponsor or Affiliate) <u>Save Our Subdivisions</u>			
3a. Acronym or Abbreviation (If any) <u>S.O.S.</u>			
3b. Name of Sponsor or Affiliate: <u>N/A</u>			
3c. Are you a Separate Segregated Fund (SSF)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
3d. The sponsor is a (check one box): <input type="checkbox"/> Corporation <input type="checkbox"/> Labor Organization <input type="checkbox"/> Domestic Dependent Sovereign			
4. Committee Mailing Address (May be P.O. Box): <u>41293 Ironwood Clinton Twp. MI 48038</u>			
4a. Committee Street Address (May not be P.O. Box) <u>41293 Ironwood Clinton Twp. MI 48038</u>			
5. Date Committee Was Formed (In Michigan) Mo <u>4</u> Day <u>3</u> Year <u>00</u>		6. Committee Area Code and Phone Number <u>(810) 226-0224</u>	
7. Name and Mailing Address of Committee Treasurer <u>Boudreau Elizabeth 41293 Ironwood Clinton Twp. MI 48038</u> Last Name First Name M. I. Street Address or P. O. Box City State Zip Code Area Code and Phone <u>(810) 226-0224</u> Driver License # (Optional)			
8. Type of Committee (Please check one box) <input checked="" type="checkbox"/> Political Committee <input type="checkbox"/> Independent Committee			
9. Designated Record keeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank. <u>SAME</u> Last Name First Name M.I. Street Address City State Zip Code Area Code and Phone () Driver License # (Optional)			
10. <input type="checkbox"/> REPORTING WAIVER: The Committee does NOT expect to receive or expend in excess of \$1,000.00 in a calendar year. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Please note that direct and in-kind contributions, expenditures, loans and outstanding debt all count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one calendar year count toward the "S amount received" for the next calendar year. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.			
11. Names and Addresses of depositories or intended depositories of committee funds. 11a. Official Depository: Name <u>Health One C.U.</u> Street Address <u>27000 W. Eleven Mile</u> City <u>S.F.D.</u> State <u>MI</u> Zip Code <u>48034</u> 11b. Secondary Depository: Name _____ Street Address _____ City _____ State _____ Zip Code _____			
12. Complete if committee is being registered to support or oppose specific candidates. Candidate Name <u>N/A</u> Office Sought _____ County of Residence _____ Party (if any) _____			
13. Complete if committee is being registered to support or oppose specific ballot proposals. <input type="checkbox"/> Support <input type="checkbox"/> Oppose Ballot Proposal: <u>N/A</u> If not a statewide proposal, list the county, city, township, village or school district involved. If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside. <input type="checkbox"/> Statewide <input type="checkbox"/> Multi-County _____ <input type="checkbox"/> County _____ <input type="checkbox"/> Local _____			
14. Verification: I certify that all reasonable diligence was used in the preparation of the above statement, and that the contents are true, accurate and complete to the best of my knowledge or belief. Current Treasurer <u>Elizabeth D. Boudreau</u> Signature <u>Elizabeth D. Boudreau</u> Date <u>4/3/00</u> Type or Print Name Signature Mo/ Day Year			